

ELECTRICAL PERMIT APPLICATION

Town of Southampton
Department of Land Management
Building and Zoning Division
116 Hampton Road, Southampton, NY 11968

For Building Division Use Only

RECEIPT NO. _____

RECEIPT DATE _____

*Temp. Requested Yes ☐ No ☐
Inspection Requested Yes ☐ No ☐

Official Use Only
Appointments

1st _____

2nd _____

3rd _____

Final _____

Instructions:

1. Provide a correct Suffolk County Tax Number.
2. Provide both street and e-mail addresses.
3. Type code, itemized work and nature of work must be filled out.

Rough Wiring

Approved ☐

Disapproved ☐

Suffolk County Tax Map # _____ Building Permit # _____

Owner of Property _____ Phone # _____

Mailing Address _____ E-mail _____

Name of Current Electrical Contractor: _____

Business Name in Full: _____ Phone # _____ Fax # _____

Mailing Address _____ E-mail _____

County Electrical Lic. # _____ Southampton Town Reg. # _____ Expiration Date _____

Location of Property: _____

Street and Number

Hamlet

State Use of Premises: Residential ☐ Commercial ☐ Industrial ☐

Nature of Work: _____

Itemized Work:

Main Floor	sq. ft.	2 nd Floor	sq. ft.	Finished Basement	sq. ft.
Garage	sq. ft.	Alteration Renovation	sq. ft.	Accessory Building-1 st fl	sq. ft.
Swim Pool		Hot Tub/Spa		A/C	
Solar		Generator		Gates	
Cell Towers		Sign			
Other					

Fee: _____ Type Code(s): _____

Services: New Service ☐ Change Service ☐

Size of Mains: _____ Feeders: _____

Service Enters Building: Overhead ☐ Underground ☐

INSPECTIONS MAY BE SCHEDULED AS SOON AS RENEWAL IS SUBMITTED.

To call in an inspection:

- Dial (631) 702-1830 to request Electrical inspection.

- When leaving a message please leave the following information:

1. Receipt number

2. Property location

3. Type of inspection (i.e., new service, roughing, final, etc.)

4. Your name and telephone number. (It is important that you leave a telephone number where you can be reached in the event there is a problem and/or question.)

NO INSPECTIONS WILL BE
SCHEDULED UNLESS:

- All counts are faxed or left at the job site
- Contractors must meet Inspectors for services over 300 amps or jobs over 3,000 sq. ft.

To call for Technical Assistance:
Dial (631) 702-1816, 1817, or 1819
From 6:30 a.m. – 8:00 a.m.

APPLICATION IS HEREBY MADE to the Building Division as per Chapter 123 of the Code of the Town of Southampton.

County of Suffolk)
State of New York) ^{ss}

_____ says that he/she is the applicant named above.

He/She is the _____, and is duly authorized to perform or to have performed the said work and

Contractor/Owner - circle one

to make and file this application: that all statements contained in this application are true to the best of his/her knowledge and belief;
and that the work will be performed in the manner set forth in the application and in the plans and specifications filed herewith.

Signature: _____ Date: _____

Sworn to before me this _____ day of _____, 20 _____ County: _____

Notary Public: _____